MAINE PUBLIC HEALTH ALERT NETWORK SYSTEM



Maine Department of Health and Human Services
Maine Center for Disease Control and Prevention (Maine CDC)
(Formerly Bureau of Health)
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**ADVISORY - Important Information **

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TO: Long Term Care Facilities, Hospitals, Emergency Departments, Infection

Control Practitioners, Schools, Day Care Centers, Rural Health Centers

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SUBJECT: Mumps Outbreak in Eastern Canada – Alert for Maine Clinical Providers

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Mumps Outbreak in Eastern Canada – Advisory for Maine Clinical Providers

Background: Increased mumps activity is currently being reported in three Canadian provinces (Nova Scotia, New Brunswick, and Prince Edward Island), and has recently also spread to Ontario. As of May 11th, 2007, 271 confirmed cases of mumps had been reported from the four affected provinces. Approximately 90% and 25% of the mumps cases in Nova Scotia and New Brunswick respectively, are associated with university settings. The viral strain in these outbreaks is the same genotype (G) detected from the 2005-06 Nova Scotia outbreaks, the United States' multi-state outbreak in 2006, and the United Kingdom epidemic between 2004 and 2006

Compared with 2006, mumps activity in the United States has remained low. In Maine, one case of mumps was reported in April, in a New Brunswick resident who attends classes at a college in Washington County, and had limited contacts in Maine during the one day of his infectious period in which he spent time in the state. Maine CDC worked closely with the college administration, New Brunswick public health authorities, and local medical professionals on surveillance and disease control efforts. No secondary cases have been reported.

Clinical Aspects of Mumps: The classic signs of mumps include parotitis (50% of patients) either unilateral or bilateral, developing an average of 16-18 days after exposure. A small number of patients may also have submandibular or sublingual gland swelling. Nonspecific symptoms occurring several days before parotitis may include low-grade fever, malaise, myalgias, and headache. Many patients have non-specific respiratory symptoms or are asymptomatic. Complications include orchitis (30-40% of post-pubertal males – rarely causing sterility) and mastitis (up to 32% of females older than 15 years), and encephalitis (< 2/100,000). Severe complications of mumps are rare, but may include hearing loss in children (1:20,000 cases) and encephalitis (>2:100,000). For more information go to: http://www.cdc.gov/nip/diseases/mumps/faqs-tech.htm#vacc.

Recommendations:

- 1. <u>Consider the Diagnosis</u>: Maine health care providers should maintain a high index of suspicion for mumps in persons with parotitis or other clinically compatible illnesses (see above).
- 2. <u>Report Suspect Cases</u>: Suspect cases of mumps should be reported immediately to the 24-hour disease reporting and consultation line at Maine CDC at 1-800-821-5821.
- 3. Order Diagnostic Testing: Diagnostic testing (includes buccal/oral swab for antigen by PCR, and serum for IgM mumps antibody) are available through the state public health laboratory (*Maine Health and Environmental Testing Laboratory*). Epidemiologists receiving reports of suspect cases will assist providers in arranging tests and submitting specimens.

4. Vaccinate:

- a. Routine childhood immunization schedules include live mumps vaccine (usually administered as MMR) given at 12 months and at 4-6 years.
- b. All school-aged children (i.e., grades K-12) should have documentation of two doses of live mumps vaccine (usually given as MMR).
- c. Health care workers born <u>during or after</u> 1957 without other evidence of immunity should have documentation of <u>two doses</u> of live mumps vaccine (usually given as MMR).
- d. Health care workers born <u>before</u> 1957 without other evidence of immunity should receive <u>one dose</u> of live mumps vaccine (usually given as MMR).
- e. Other adults at high risk (including international travelers and students at postsecondary educational institutions) without other evidence of immunity should have documentation of two doses of mumps vaccine (usually given as MMR).

For More Information on the Mumps outbreak in Canada, visit http://www.phac-aspc.gc.ca/mumps-oreillons/prof_e.html#ns on the web.

For information on **laboratory testing for Mumps** visit the following federal CDC website: http://www.cdc.gov/nip/diseases/mumps/faqs-lab-test-infect.htm.

For information on the latest ACIP recommendations for the control of Mumps visit:

http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5522a4.htm?s_cid=mm5522a4_e or contact the Maine Immunization Program at 1-800-867-4775.